

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561344

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		2				
5		(D)				
6	1					
7		1				
8		1				
9		3				
10	1					
11		1				
12	1					
13		1				
14		2				
15		2				
16	1					
17		1				
18		2				
19		2				
20	1					
21		1				
22	1					
23		1				
24		1				
25	1					
26		1				
27		1				
28	1					
29		1				
30	1					
31		1				
32		1				
33		1				
34		4				
35		4				
36	1					
37		1				
38		1				
39		1				
40		4				
41		4				
42	1					
43		1				
44	1					
45		1				
46		1				
47		1				
48	1					
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	75	↓		↓		↓
TOTAL DEP.	58	←		←		←
TOTAL CLAIMS	73					